

## JDFD Youth Moves @ Marlow C of E Infants Dance & Fitness Classes for Boys & girls MONDAYS AFTER SCHOOL from 10<sup>th</sup> January - year 1 & 2 3.15 – 4.00

JDFD have been delivering dance and fitness classes for the past 24 years, building confidence & skills in dance and fitness. The class, includes Street & Creative Dance as well as dance games. We are delighted to be able to offer this club to children in both year 1 & 2. For those that would enjoy it we hope to offer a performance opportunity on the weekend of May 8<sup>th</sup> 2022. Please nore that if you do not wish to take part that is ok and this will not affect your enjoyment of the club.

Term dates: 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, 31<sup>st</sup> Jan, 7<sup>th</sup>, 14<sup>th</sup> (half term) 28<sup>th</sup> Feb, 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup> 28<sup>th</sup> Mar, 4<sup>th</sup> April

12 week term £96 BACS PAYMENT sort: 09-06-66 a/c 40196812 Jane Douglass Fitness & Dance (no cheques or cash) Reference SURNAMECHILD-YM

## IMPORTANT: do not pay until we confirm your place

Places are secured on receipt of full payment <u>and</u> a fully completed health form (attached ) without this form in advance you cannot be admitted to class and we will have to be very strict on this. Please print and post to 3, Woodland Close, Marlow, Bucks, SL7 3LE. OR return as a word document attached to an email only.

To book please email Jane info@janedouglass.co.uk 01628 440109

We have a range of other classes for children and adults please go to <u>www.janedouglass.com</u> Including **another infants class on Thursdays in town for Reception, year 1 & 2** – great if you have siblings who need to be together!! We have also returned a Youth Moves Class at Holy Trinity this term,



JDFD FITNESS & DANCE www.janedouglass.co.uk info@janedouglass.co.uk

MEDICAL CONSENT FORM/CONTACT SHEET AND HEALTH QUESTIONAIRE

Surname Date of birth			
Home Address			
Parental email			
In the event of an emergency who should we contact?			
Contact 1 NAME T	el home/work	Relationshi	p to child
Contact 2 NAME Tel home/work Relationship to child			
Health Questionnaire			
Please can you tick if your child suffers or has suffered from any of the following: Delete as necessary			
Asthma/other breathing condition	heart condition	diabetes	epilepsy
Glandular fever	allergies	arthritis	hearing impairment
Sight impairment	verruca's		
<b>IMORTANT</b> If your child has an <b>inhaler</b> it is essential you advise the teacher in regard to usage during class			
Epi -pens: must be discussed with teacher.			
Is taking prescribed medicine. Please give details			
Has any learning needs (disclosure is optional but enables us to give the best tailored learning experience for your child)			
Is recovering from an illness or operation			
Has any discomfort or injury which may be worsened by this kind of activity			

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Has your child had COVID19?, are they fully recovered (this info is required as there are adaptations for safe return to exercise if symptoms linger)

- I confirm that where any of the above applies or becomes applicable, I am responsible for checking with my doctor and advising the teacher where appropriate and for following any guidelines given by either or both of them.
- In the event of my not being able to be contacted I consent to my child receiving medical treatment in an emergency
- I confirm that we are happy for our child/children to be photographed and or filmed during any performances that take place between SEPTEMBER 2021 and SEPTEMBER 2022 and for these images to be used for JDFD publicity.
- I understand that half a terms notice is required if leaving any class. (Leaving may only be at the end of a complete term)
- I understand where I can find the JDFD privacy policy & Safeguarding Policy (found on website)
- I have read the terms & conditions which include COVID19 arrangements & agree to adhere to them
- I will not send my child to class if he/she is unwell and if any member of our household has tested positive for COVID19
- I will inform JDFD if anyone in my household is isolating due to being in contact with an infected person.

Parents signature ...... printed name ...... date .....